

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

• 01-348

Kevin M. Walsh

1 Irwin, Campbell &amp; Tannenwald, P.C.

1730 Rhode Island Avenue, N.W.

Suite 200

Washington, DC 20036-

2. Article Number (Copy from service label)

0023 0771 2764

PS Form 3811, July 1999

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

DEC 14 2002

C. Signature

X

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

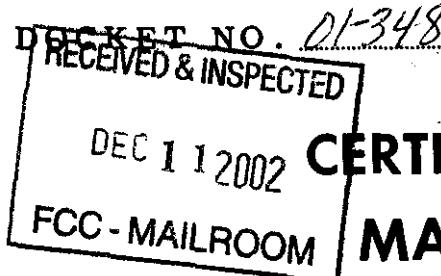
☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

Domestic Return Receipt

102595-00-M-0952



ORDER DATED

FCC 02M-109

MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN

RECEIPT

REQUESTED

NAME: Kevin M. Walsh

C. R. R. NO.

Irwin, Campbell &amp; Tannenwald, P.C.

1730 Rhode Island Avenue, N.W.

Suite 200

Washington, DC 20036-

BY \_\_\_\_\_

## U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage

\$

37

Certified Fee

2.30

Return Receipt Fee  
(Endorsement Required)

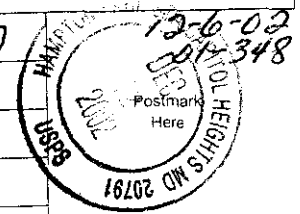
1.75

Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees

\$

4.42



Name (Please Print Clearly) (to be completed by mailer)

KEVIN M. WALSH

Street, Apt. No., or PO Box No.

1730 RHODE ISLAND AVENUE, N.W.

City, State, ZIP+4

WASHINGTON, DC 20036

PS Form 3800, July 1999

See Reverse for Instructions